



## GRAND TRAVERSE COUNTY ENVIRONMENTAL HEALTH DESIGNATED AGENT FORM

LANDOWNERS NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PARCEL TAX ID: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ SECTION: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESIGNATED AGENT: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I certify I am the owner of the above listed property and authorize the above listed designated agent to act on my behalf to secure all necessary permits and evaluations. I authorize Grand Traverse County Health Department to evaluate the above described property in accordance with applicable local and state regulations.

*For Soil Erosion permitting:* As the landowner, I understand that I am ultimately responsible for all Soil Erosion Controls including final seeding and stabilization, and that I am responsible for any violation of Part 91 and/or the Grand Traverse County Soil Erosion and Sedimentation Control Ordinance.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_